

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006426

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1054

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Robert S. Moss MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Length of stay in 1b <i>45 yrs</i>	
c. FULL NAME OF (If NOT in hospital, give location) <i>Jackson Co. Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>11410 Grandview Rd</i>	
3. NAME OF DECEASED (Type or print) First <i>Bess</i> Middle <i>Charvot</i> Last <i>Charvot</i>		4. DATE OF DEATH Month <i>2</i> Day <i>16</i> Year <i>63</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>11-22-93</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home maker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	9. AGE (last birthday) <i>69</i>
11a. FATHER'S NAME <i>Joseph Charvot</i>		11b. BIRTHPLACE (City and state or country) <i>Macon Co. Mo</i>	
12a. MOTHER'S MAIDEN NAME <i>Barbara Chervenka</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <i>No</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs. E. C. Hatton</i>	
15. SOCIAL SECURITY NO. <i>[redacted]</i>		16. INFORMANT <i>Mrs. E. C. Hatton</i>	
17. ADDRESS <i>11410 Grandview Rd</i>		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)	
IMMEDIATE CAUSE (a) <i>Septicemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
DUE TO (b) <i>Rectal Abscess.</i>		6 weeks +	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Late Latent Syphilis</i>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <i>3:00</i> a.m. <i>pm</i> Month, Day, Year <i>2-18-63</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <i>Independence, Mo.</i>		COUNTY <i>Mo.</i> STATE <i>Mo.</i>	
21. I attended the deceased from <i>1-8-63</i> to <i>2-16-63</i> and last saw him alive on <i>2-15-63</i>			
Death occurred at <i>3:00 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert S. Moss</i>		22b. ADDRESS <i>Independence, Mo.</i>	
22c. DATE SIGNED <i>2/18/63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>2-18-63</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Moriah Cem.</i>		23d. LOCATION (City, town, or county) <i>Kansas City Mo</i>	
24. FUNERAL DIRECTOR <i>E. K. Berger</i>		25. DATE RECD. BY LOCAL REG. <i>2-18-63</i>	
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Sterling E. Goddard*

Licensed Embalmer No.

4911

P. O. Address

*Grandview Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.